si Z	TATE OF CALIFORNIA	APPLICATION/ST			
DEPARTM A Pu	NEWT OF MOTOR VEHICLES	DISABLED PERSON P	ARKING PLA	CARD OR I	PLATES
A Public Service Agency		License Plates			
MAIL TO: DMV PLACARD		☐ Parking Placard			
	D. Box 942869				
	cramento, CA 94269-0001	☐ Travel Parking Placard		• •	
	DO NOT MAIL CASH —	NOTE: Applicant's doctor mu	ust complete Sec	ctions F or G ai	nd H.
		s certification, as part of the applical agency responsible for the enfor			privileges, will be available to local nicle Code Section 22511.58).
A.	TRUE FULL NAME AS SHOWN ON DRIVE	R LICENSE OR ID CARD (PRINT LAST, FIRST,	MIDDLE)		DATE OF BIRTH
					MO DA YR
	ADDRESS				DRIVER LICENSE/ID NUMBER (If any)
	CITY		STATE	ZIP CODE	TELEPHONE NUMBER
			OIAIL	ZII GODE	()
B.	VEHICLE LICENSE NUMBER	VEHICLE IDENTIFICATION NUMBER			VEHICLE MAKE
В.	•				
$\overline{\mathbf{C}}$	Are you a resident of Ca	lifornia?			
O .	2. If you currently have California disabled person or disabled veteran license plates or a California disabled				
		ility parking placard, please provid	e the number, and	doctor's certifica	
	required.				NUMBER:
D.		MERCIAL VEHICLE EXEMPT			plates only)
	☐ This is the only commerci	al vehicle for which I will request o	exemption from we	eight fees.	
Ē.			S CERTIFICAT		
	I certify under penalty of pe				nnently \square temporarily disabled due
	to	and the information entere	ed by me on this	document is tru	e and correct.
	DATE	APPLICANT'S SIGNATURE			
_		X			
F.	CERTIFICATION OF DISABILITY The physician or authorized medical professional certifying the qualifying disability must provide a full description of the illness or disability				
per Vehicle Code Section 22511.55 (see reverse). Please complete the following for either temporary or permanent di					rary or permanent disability, providing
	a full description of the illness	s or disability.		·	
		DOCTOR'S CERTIFICATION			
		orarily disabled due to		until (month)	(day) (year)
$\overline{}$	NOTE: See reverse side for			VENT DICABI	ITV
G.		DOCTOR'S CERTIFICATION of collowing disability	ON OF PERMA	NENI DISABIL	_I I Y
1. [The applicant suffers from the following disability. Lung disease to such an extent that forced (respiratory) expiratory volume for one second when measured by spirometry is less than one				
	liter, or arterial oxygen tension (PO2) is less than 60 mm/HG on room air at rest.				
2. [•		everity as Class II	I or Class IV acc	cording to standards accepted by the
_ [American Heart Association				
3. l				airs or interferes	with mobility, or requires the aid of an
4	A diagnosed disease or disor	(e.g., cane, walker, crutches, etc	.) due to nterferes with mob	ility or requires th	ne aid of an assistant device for mobility
	(e.g., cane, walker, crutches		monoroo wiiimob	mry, or roquiroo ii	To and or arracolotaint device for most may
5. [s, etc.) due to:			
	\sqsubseteq Loss, or loss of the use of, (s of use due to: _		
7. l	Loss, or loss of use of, both	one or both lower extremities. Los hands. Loss of use due to:			
	Loss, or loss of use of, both Central visual acuity not exce	one or both lower extremities. Los hands. Loss of use due to:eeding 20/200 in the better eye, with	n corrective lenses,	as measured by	the Snellen test, or visual acuity greater
0 1	☐ Loss, or loss of use of, both☐ Central visual acuity not excethan 20/200 with a limitation ir	one or both lower extremities. Los hands. Loss of use due to:eeding 20/200 in the better eye, with	n corrective lenses,	as measured by	
	Loss, or loss of use of, both Central visual acuity not exce	one or both lower extremities. Los hands. Loss of use due to:eding 20/200 in the better eye, with the field of vision such that the wide	n corrective lenses,	as measured by	the Snellen test, or visual acuity greater

correct. DATE

PRINTED NAME

I certify that as a ☐ Physician

Only a licensed ophthalmologist or optometrist may certify to 7.

☐ Chiropractor

X

SIGNATURE

You may self-certify to the loss of one or both lower extremities or both hands if you present this form in person.

ADDRESS

☐ Optometrist

under penalty of perjury under the laws of the State of California that the information entered by me on this document is true and

Other_

DAYTIME TELEPHONE NUMBER

MEDICAL LICENSE NUMBER

☐ Ophthalmologist



DISABLED PERSON PARKING PLACARD INFORMATION/INSTRUCTIONS

Disabled Person Parking Placards are issued, upon presentation of the completed application, to individuals whose mobility is impaired due to one of the following conditions:

- Cardiovascular (heart or circulatory) disease.
- · Pulmonary (lung) disease.
- A diagnosed disease or disorder which significantly limits the use of lower extremities.
- Specific documented visual problems including low-vision or partial-sightedness.
- Loss, or loss of the use of, one or both lower extremities or of both hands. A doctor's certification is not
 required for the loss of a lower extremity or both hands, if the applicant appears in person at the local DMV
 office.

A permanent or temporary placard is issued, depending on the nature of the disability.

Permanent parking placards are issued to any qualifying disabled person or disabled veteran. The placard has a fixed expiration date of June 30, every odd-numbered year. The fee to renew the placard is \$6.

NOTE: If you already have the special disabled person or disabled veteran license plates assigned to your vehicle, a doctor's certification will not be required in order to obtain a placard, provided that license plate number is entered in part "C" of the application form.

Temporary parking placards are issued to:

- 1. Any person who is temporarily disabled for a period of not more than six months. The placard is valid for not more than *180 days* from the date it is issued, or upon the ending date of the disability noted in the doctor's certification, whichever is less. (Check Temporary Parking Placard box on front.)
- 2. Any disabled person or disabled veteran who has been issued either a California permanent parking placard or California disabled person or disabled veteran license plates, but not both, for travel purposes. The placard is not valid for more than 30 days from the date it is issued. A doctor's certification is not required if the placard or plate number is entered in part C. (Check Travel Parking Placard box on front.)
- 3. Any disabled person or disabled veteran who is not a resident of California who plans to travel within the state. The placard is valid for not more than *90 days* from the date it is issued, or upon the ending date noted in the doctor's certification, whichever is less. (Check Travel Parking Placard box on front.)

It is illegal to . . .

- · Lend your placard to another.
- Forge a doctor's signature.
- · Use another person's placard.
- · Provide false information to obtain a placard.
- Alter a placard or placard identification card.
- · Possess or display a counterfeit placard.

Remember . . .

- The only legal use of a placard is its display by the person to whom it is issued. The disabled person does
 not have to own or drive the vehicle to use the placard.
- Placard abuse or misuse can result in the cancellation and revocation of the placard and loss of the privileges it provides. VIOLATORS WILL BE PROSECUTED TO THE FULL EXTENT OF THE LAW.
- California laws require the surrender of the placard to DMV within 60 days of the death of a placard holder.

To obtain a parking placard:

- 1. Complete the applicable sections on the reverse side of this form, Application/Statement of Facts for Disabled Person Parking Placard or Plates.
- 2. Obtain your doctor's certification on the form.
- 3. Mail the form and a \$6 check or money order (NO CASH please) to the address indicated.